

Fentress County Chamber of Commerce

Scholarship Application

Deadline: May 11th, 2017

“People for Progress in YOUR Community”

I, _____, a senior at _____
wish to apply for the Fentress County Chamber of Commerce Scholarship.

Guidelines for Scholarship Receipt

- ✓ I understand that this scholarship is competitive and that the determination of the scholarship award will be made by the Fentress County Chamber of Commerce Education Committee.
- ✓ I further understand that if I am chosen as the scholarship recipient, the following guidelines will apply:
 1. The Chamber Scholarship is for \$500.00, and payment will be made directly to the recipient.
 2. Payment will be made upon presentation of college acceptance and enrollment information.
 3. The recipient must be enrolled with a minimum of 12 credits for their first full-time semester.
 4. The recipient should be enrolled as an undergraduate student at an accredited college or university.

Signature of Applicant

Date

Fentress County Chamber of Commerce

Scholarship Application

Deadline: May 11th, 2017

Name _____

Address _____ City _____ State _____

Home Phone _____ Cell Phone _____

Email _____

Name of Father/Guardian _____

Address _____ City _____ State _____

Occupation _____ Employer _____

Name of Mother/Guardian _____

Address _____ City _____ State _____

Occupation _____ Employer _____

Number and ages of children in family _____

Total family yearly income (optional) _____

GPA _____ Class Rank _____ ACT _____ or SAT _____

Please list preferred colleges, ranked by preference:

1. _____

2. _____

Please list one or two courses of study (majors) that you are considering:

1. _____

2. _____

Additional requirements:

1. Please include your high school transcript.

School Activities, Awards, and Honors:

List all school activities in which you have participated during the past four years

(e.g. FFA, sports, VICA, FBLA, etc.)

Activity	Number of years	Offices held
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Community Activities:

List community activities in which you have participated (e.g. Red Cross, church, volunteer work, etc.)

Employment History:

Name of Employer	Dates of Employment	Hours per Week
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Recommendations:

The two attached scholarship recommendations must be completed and returned as directed. You may choose teachers, business and community leaders, etc.

Fentress County Chamber of Commerce

Scholarship Recommendation

Name of Applicant _____

Mailing Address _____ City _____ State _____

Home Phone _____

Please complete this form and return to the Guidance Office of CHS or YAI, or mail to the address provided below.

Signature of Applicant

Date

How long have you known the applicant? _____

In what relationship? _____

Describe briefly why this applicant should be considered for the Chamber of Commerce Scholarship. _____

Signature _____ Date _____

Print Name and Title _____ Phone _____

Employer / Business _____

An optional letter of recommendation may be returned with this form.

Please return completed application to: CHS or YAI Guidance Office

or

Mail to: Fentress County Chamber of Commerce

c/o Education Committee

PO Box 1294

Jamestown, TN 38556

Fentress County Chamber of Commerce

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